

PROCEDURES FOR FILING FOR A PERMIT TO DRIVE A TAXICAB IN HARFORD COUNTY

The following items must be presented to the Department of Inspections, Licenses and Permits, 220 S. Main Street, 2nd Floor, Bel Air, Maryland:

- 1. Completed application including Physical Voucher signed by physician or separate signed documentation of physical examination**
 - a. Physical must include drug screening results
 - b. Renewals do not require drug screening results, but are subject to random drug testing
- 2. Two references – page 3 – completed and signed by individual reference**
- 3. Copy of current Certified Driving Record from MVA (min. 3 year)**
- 4. A letter of intended employment from a Harford County Taxicab Company**
- 5. A valid Maryland Drivers License**
- 6. Fees**

Driver Permit -----	\$25.00
Photograph- -----	\$ 3.00
Replacement of Lost or Destroyed Permit--\$	5.00

Additionally the applicant must complete the following:

Criminal Background Check/CJIS

- a. Applications for criminal background check may be obtained from the Department of Inspections, Licenses and Permits, 220 S. Main St., Bel Air
- b. CJIS background check - Must call MVA for appointment and fees – 410-764-4501 or 1-888-795-0011 (toll free)

Department of Inspections, Licenses and Permits Hours:

Monday – Friday – 8:00 a.m. – 5:00 p.m.
410-638-3305

TAXICAB PERMITS MUST BE RENEWED ANNUALLY

SAME PROCEDURE AS ABOVE (refer to 1.b)

PERMIT TERM – Permit expires one (1) year from date of issuance



HARFORD COUNTY GOVERNMENT
Department of Inspections, Licenses and Permits
220 S. Main Street, Bel Air, Maryland 21014
410-638-3305

OFFICE USE ONLY
Permit No. _____
Date Applied _____
Expiration _____
New _____
Renewal _____
Fee \$ _____
Sheriff's Review Complete _____

**TAXICAB DRIVER'S PERMIT
APPLICATION**

IMPORTANT NOTICE - - READ CAREFULLY: False statements or misrepresentations to any of the questions below, under the law, constitute perjury and can result in denial of permit or, if granted, in revocation of same.

Application must be filled out in ink and all questions answered.

Date of Photograph _____

Applicant's Name _____ Telephone Number _____

Street Address _____

City _____ State _____ Zip Code _____

If less than 5 years – list previous address _____

Date of Birth _____ Age _____ Race _____

Height _____ Weight _____ Sex ☐ M ☐ F

Color of Hair _____ Color of Eyes _____

Maryland Driver's License Number _____

License Restrictions _____

DILP WILL TAKE
PHOTO AND ATTACH

I, the undersigned, hereby apply for a permit to drive a taxicab in Harford County, Maryland and for this purpose file the above photograph and description of myself, and give the following answers to the questions below:

1. Place of Birth _____
2. Are you addicted to the use of alcohol or other controlled dangerous substance? Yes _____ No _____
3. Previous Employer _____

TAXICAB DRIVER'S PERMIT APPLICATION (cont'd)

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4. Have you ever filed an application in another jurisdiction for taxicab owner's or driver's permit or license?

Yes _____ No _____

If yes, when and where: _____

5. Has any driver's license issued to you ever been suspended or revoked? Yes _____ No _____

If yes, explain _____

6. List any physical or mental disability that would in any way interfere with the proper operation and control of motor vehicles: _____

7. Were you ever convicted of a crime? Yes _____ No _____

If yes, give particulars: date, place and nature of conviction (use additional paper if needed):

8. Taxicab company for which you will be driving _____

Address _____

Telephone No. _____

In consideration of the granting of this permit, the applicant agrees that he/she will conform to and abide by all the rules and regulations of the Department of Inspections, Licenses and Permits, and in accordance with the Harford County Code, Chapter 232, as amended. False statements in response to any of the above questions will constitute perjury and may result in denial or revocation of permits. Your application is subject to a criminal records check and may take several weeks before issuance of permits. **DO NOT DRIVE** a cab without a valid Harford County Taxi Driver's Permit.

Applicant's Signature

PHYSICIAN'S VOUCHER – INCLUDING DRUG SCREEN RESULTS

This is to certify that I have examined _____, the applicant named within this application and certify that he/she is of good physique, with good eyesight, good hearing and not subject to epilepsy, vertigo, heart trouble, or any other disabilities of body or mind which render the applicant unfit for the safe operation of a taxicab. Results of a drug screening test from a laboratory certified to engage in testing for CDS by the Maryland Department of Mental Health and Hygiene is hereby attached.

Physician – Print Name

Signature

Address

City

State

Zip Code

Telephone Number

Date of Examination

TAXICAB DRIVER'S PERMIT APPLICATION (CONT'D)

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REFERENCES

(CANNOT be a relative or the owner of a taxicab company or another taxicab driver and must have known the applicant for at least one (1) year)

Reference #1

1. Is the applicant related to you? Yes _____ No _____ Give particulars _____

2. Has the applicant ever been your employee? _____

3. How long have you known the applicant? _____

Print Name

Signature

Address _____ Telephone Number _____

City _____ State _____ Zip Code _____

Reference #2

1. Is the applicant related to you? Yes _____ No _____ Give particulars _____

2. Has the applicant ever been your employee? _____

3. How long have you known the applicant? _____

Print Name

Signature

Address _____ Telephone Number _____

City _____ State _____ Zip Code _____